90-600 APPENDIX C. FORM 11-4 HHSA AND INSTRUCTIONS FOR COMPLETION

County of San Diego

STATEMENT OF GENERAL RELIEF AID PAID REVENUE & RECOVERY ACCOUNTS RECEIVABLE

Health & Human Services Agency

Client's Name (Last, First, Middle Initial)	Date of Birth	Social Security Number
(AKA)	Client's Address:	
(AKA)	City	Zip Code
(AKA)	Aid Code Case Number 9 I I I I I I I	Client's Phone No.
Spouse's Name (Last name first):	Spouse's SS No.:	Current Date:
Spouse's Address (If different from client's):	Spouse's Phone No. (If different):	Spouse's Date of Birth:
1. Total GR Aid Paid (from date of last Form 11-4) Minus: Work Project Credit Voluntary Cash Repayment CAPI Repaid Through CAPI Reduction Subtotal TOTAL GR AID TO BE REPAID \$	(Willful Fraud O/P \$) (Non-willful Fraud O/P \$) (Fraud Adj. \$) \$ \$) (Converted from Non-willful) \$	
2. <u>Dates of Aid:</u> Date client originally received GR aid Date last Form 11-4 was sent to Revenue & Recovery Most recent period of GR aid From: Through IF TOTAL GR AID PAID included prior dates, list dates and reasons:		
3. <u>Lien Information</u> Date Lien signed Date Lien sent to Revenue & Recovery		
4. Closing Data (Specify all reasons for closing.) () Employment (Employer's name and address):		
() New Aid Category: () CalWORKs () SSI/SSP () CAPI () Other (Specify): () Other Sources of Income/Property (Specify):		
() Other (Specify): 5. Relatives - Name, address and relationship of known relative/family:		
6. Assignments of Interest (Attach copy of Form 07-91): () Civil Action () Estate Matter () Farm Crops () Workers Compensation Appeal () Insurance Settlements () Fishing Catches		

Signature of Person Completing Form Date 11-4 HHSA GR REVENUE AND RECOVERY ACCOUNTS RECEIVABLE (3/06)

Eligibility Supervisor

Date

Instructions for Completion of Form 11-4 HHSA (Statement of GR Aid Paid)

- The top portion of Form 11-4 HHSA is used by ORR to open their GR accounts receivable. Therefore, the top section must be completed in <u>block print</u>. The form must be imaged in the file.
 - A. The aid code in the middle of the fourth row must be the aid code in which aid was last issued (such as 90, 97, etc.).
 - B. The current date to be entered in the last box of the fifth row may be stamped or hand written.
 - C. Telephone numbers must be entered if the client has one and for the spouse if applicable and a different phone number than the client's.
 - D. If the client's last address is not a valid address (i.e., case closing because of whereabouts unknown), put the last known address in the address section.
 - E. On a Transportation to Resource case, put the address to which the client is being returned in the address section (not the San Diego address).
 - F. If the case is closing because of receipt of SSI/SSP, notate in <u>red</u> at the top of the page "SSI/SSP". This will help ORR expedite their processing, as specific State regulations and timeliness requirements govern SSI/SSP collections.
 - G. If the case involves unmarried parents or a married couple with different last names, indicate such information when recording the spouse's information.
- II. The bottom portion of Form 11-4 (i.e., numbers 1. through 6.) is used to notify Revenue and Recovery of how much GR to collect and of other information needed to enforce the collection process. The bottom section must therefore be as accurate, complete and as legible as possible.
 - A. Section 1 should include all GR aid issued since the date the last 11-4 was submitted. All Work Project Credit should also be included, as well as any GR payments repaid through CAPI reduction. These would be the GR payments deducted from CAPI payments, if applicable. A worksheet is included on the reverse to tally each month's GR aid, the corresponding Work Project Credit (if applicable) and the net GR amount owed before any other reduction is made (e.g., voluntary cash repayment of GR).
 - B. Section 2 should indicate the original date client received GR and when the last 11-4 HHSA was sent to ORR. The most recent period of time that the case remained open is also to be reported. If a prior 11-4 HHSA was not submitted for GR aid issued, indicate separate dates and amounts.

- C. Section 3 should include the date the lien was signed and sent to ORR. If two liens were signed (i.e., for unmarried parents or married couples indicate the date signed for each lien).
- D. Sections 4, 5 and 6 are the most important sections relating to the GR collection process. Please check all boxes that apply and provide as much detail as possible in completing these sections. If more room is needed, continue on the reverse.
- E. After completion and review/signature by the ES, make a photocopy of both sides of the form, route the original 11-4 HHSA to ORR, D-60, and image the copy of form in the case file.

Form 11-117 HHSA is a worksheet used to tally each month's GR aid, the corresponding Work Project Credit (if applicable) and the net GR amount owed.

NOTE: This form is not completed at each GR "closing" when aid is to continue. It is only completed when the case is closed because aid is not continuing.